



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/28/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD987015062

FACILITY NAME -> COLLABORATIVE LABORATORIES

MAILING ADDRESS -> 3 TECHNOLOGY DR SUITE 400
EAST SETAUKET, NY 11733

INSTALLATION ADDRESS -> 3 TECHNOLOGY DR SUITE 400
EAST SETAUKET, NY 11733

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: DAVIS, JOHN
OPER COORD
COLLABORATIVE LABORATORIES
3 TECHNOLOGY DR SUITE 400
EAST SETAUKET, NY 11733



September 17, 1992

Laura J. Livingston
Chief, Permits Administration Branch
United States Environmental Protection Agency
Region II
Jacob K. Javits Federal Building
New York, New York 10278

Dr. Ms. Livingston:

As requested in your letter of September 8, 1992, I have entered additional information on Collaborative's Notification of Regulated Waste Activity. Should you have any questions, please do not hesitate to contact me.

Sincerely,

John Davis
Operations Coordinator

enclosure

92 SEP 21 PM 12:22
RECEIVED
BRANCH

DATE: 9-4-92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED

Facility Name: Collaborative Laboratories

- 1) ☐ Name of Installation is incomplete.
- 2) ☒ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☒ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☒ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- 10) ☐ There is an existing EPA Identification Number for the stated installation at the location address you have specified.
To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
- 11) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.
- 12) ☐ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

8 13) ✓

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is _____

Olympus Corp Biomedical Res Ctr

Please indicate your facility's relationship to the above named company in the appropriate space(s) below.

_____ The above named facility is in the same building/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named facility is the current owner of the property.
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named facility is the previous owner of the property or prior business.
List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

_____ The above named facility is the previous operator at this location.

_____ Other. Please explain. _____

The Olympus corporation is a neighboring tenant in the
3 Technology Drive facility (Building) - The two
companies are not related.

Collaborative Laboratories - Suite 400
Olympus Corp - Suite 100

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



New

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

9-21-90

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NYD987015062

II. Name of Installation (Include company and specific site name)

COLLABORATIVE LABORATORIES

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 TECHNOLOGY DRIVE

Street (continued)

SUITE 400

City or Town

EAST SETAUKET

State

ZIP Code

NY

11733-

County Code

County Name

SUFFOLK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

DAVIS

(first)

JOHN

Job Title

OPERATION COOR

Phone Number (area code and number)

516-689-0200

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

3 TECHNOLOGY DRIVE SUITE 400

City or Town

EAST SETAUKET

State

ZIP Code

NY

11733-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

JAMES HAYWARD

Street, P.O. Box, or Route Number

3 TECHNOLOGY DRIVE

City or Town

EAST SETAUKET

State

ZIP Code

NY

11733-

Phone Number (area code and number)

516-689-0200

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify </p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p><input type="checkbox"/> 4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Markete (or On-site Burner) Who First Claim the Oil Meets the Specification</p>

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 U 0 4 4	2 U 0 0 3	3 U 0 0 2	4 U 0 6 0	5 U 1 5 4	6 U 0 3 7
7 U 2 1 3	8 P 1 0 5	9 U 0 3 7	10 U 1 1 2	11 U 0 3 1	12 U 1 0 8

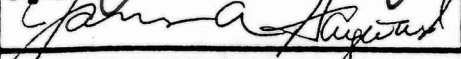
C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
					

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

JAMES A. HAYWARD

Date Signed

2 April 92

XI. Comments

BUILDING OWNER: COL PROPERTIES
3 TECHNOLOGY DRIVE

EAST SETAUKET, NY 11733

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

September 8, 1992

John Davis
Collaborative Laboratories
3 Technology Dr Suite 400
East Setauket, NY 11733

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

USEPA - REGION II
PERMITS ADMINISTRATION BRANCH
26 FEDERAL PLAZA, ROOM 505
NEW YORK, NEW YORK 10278
TELEPHONE NO. 212-264-2014

Please note that we cannot process your request until the corrected and/or additional information is provided to us. Thank you for your cooperation.

Sincerely yours,

Laura J. Livingston, Chief
Permits Administration Branch

Enclosures

20PM-PA:Lopez:lc:September 8, 1992 CONCURRENCES

SYMBOL = >	20PM-PA									
SURNAME = >	Livingston									
DATE = >	9/14/92									

DATE: 9-4-92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED

Facility Name: Collaborative Laboratories

- 1) ☐ Name of Installation is incomplete.
- 2) ☒ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☒ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☒ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
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- 10) ☐ There is an existing EPA Identification Number for the stated installation at the location address you have specified.
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- 11) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.
- 12) ☐ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

13) ☒

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is _____

Olympus Corp Bionomedical Res Ctr

Please indicate your facility's relationship to the above named company in the appropriate space(s) below.

☐ The above named facility is in the same building/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

☐ The above named facility is the current owner of the property.
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

☐ The above named facility is the previous owner of the property or prior business.
List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

☐ The above named facility is the previous operator at this location.

☐ Other. Please explain. _____

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

II. Name of Installation (Include company and specific site name)

C O L L A B O R A T I V E L A B O R A T O R I E S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 T E C H N O L O G Y D R I V E

Street (continued)

S U I T E 4 0 0

City or Town

E A S T S E T A U K E T

State

ZIP Code

N Y

1 1

County Code

County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

D A V I S

(first)

J O H N

Job Title

O P E R A T I O N C O O R

Phone Number (area code and number)

5 1 6 - 6 8 9 - 0 2 0 0

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

J A M E S H A Y W A R D

Street, P.O. Box, or Route Number

3 T E C H N O L O G Y D R I V E

City or Town

E A S T S E T A U K E T

State

ZIP Code

N Y

1 1

7 3 3

Phone Number (area code and number)

5 1 6 - 6 8 9 - 0 2 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

(Date Changed)

Month

Day

Year

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input checked="" type="checkbox"/> 1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify 	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 U 0 4 4	2 U 0 0 3	3 U 0 0 2	4 U 0 6 0	5 U 1 5 4	6 U 0 3 7
7 U 2 1 3	8 P 1 0 5	9 U 0 3 7	10 U 1 1 2	11 U 0 3 1	12 U 1 0 8

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>James A. Hayward</i>	Name and Official Title (type or print) JAMES A. HAYWARD	Date Signed 2 April 92
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XI. Comments

BUILDING OWNER: COL PROPERTIES
3 TECHNOLOGY DRIVE
EAST SETAUKET, NY 11733

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)


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*****
*                               RCRIS: Notification View Screen 2 of 5                               *
*****
*EPA Id: NYD982794760      Other Id:                               Merge Send: Y                               *
*Date Received(MMDDYYYY): 090589      Source( N/E/S  N Non-Notifier Flag:                               *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:                               *
*Name of Installation:  OLYMPUS CORP BIOMEDICAL RES CTR                               *
*                               Installation Location Address                               *
*Streets:  3 TECHNOLOGY DR                               *
*City:      E SETAUKET                               State:  NY      Zip:  11733                               *
*County Code:  103      County Name:  SUFFOLK                               *
*                               Installation Mailing Address                               *
*Streets:  LIFE SCIENCES BLDG                               *
*City:      STONY BROOK                               State:  NY      Zip:  11794                               *
*                               Contact Information                               *
*   Last Name      First Name      Title      Phone      Address(M,L,O)                               *
* TSENG            MARTHA          LAB MGR      5166329080      L                               *
*Streets:  3 TECHNOLOGY DR                               *
*City:      E SETAUKET                               State:  NY      Zip:  11733                               *
*Land Type:                               *
*****
* Enter-Continue      F1-Previous Scr      F2-Cancel      F3-Exit                               *
*****

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*****
*                               RCRIS: Notification View Screen 3 of 5                               *
*****
* EPA Id:  NYD982794760      Other Id:                               Source:  N                               *
*                               *                               *                               *
* Owner Sequence Number:      1                               *
* Ownership:  OLYMPUS CORP/COL PROP                               Type of Owner:  P                               *
*                               *                               *                               *
*                               Address of Owner/Operator                               *
*                               *                               *                               *
*   Street:  NOT REQUIRED                               *
*   City:    NOT REQUIRED                               State:  WY  Zip Code      99999                               *
*   Phone:   2125551212                               *
*                               *                               *                               *
* Current/Previous Indicator:  CO  Change Date(MMDDYY):                               *
*                               *                               *                               *
*                               *                               *                               *
*****
* Enter-Continue      F1-Previous Scr      F2-Cancel      F3-Exit      F5-Curr. Owner                               *
* F6-Prev. Owner      F8-Help              F9-First      F10-Next                               *
*****

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